## Payment Directive & Agency Appointment

Elena Stybel c/o Elena Stybel MD. ("Provider"), hereby appoints the following individual or entity as my authorized agent and direct that such individual or entity, Financial Vision Capital Group 2 LLC with an address of 3 Dakota Drive, Suita 300 Lake Success, New York 11042 ("Advance Maker") pay over all or a portion of the approved advance directly to Blue Tech Supplies, Inc. as "Authorized Agent."

Provider further understands its responsibility to request copies of any invoices; checks and/or payment information that it wishes to obtain from the Advance Maker. Provider hereby permits the Advance Maker to release copies of any invoices, checks or payments to Authorized Agent on the Provider's behalf.

Provider hereby affirms that it is making this Payment Directive and Agency Appointment for a lawful purpose and represents that it is and shall remain in compliance with the laws and regulations governing the practice and the operation of his medical entity.

Provider agrees to hold the Advance Maker harmless from and waive any claims related to (1) the payment of funds to it Authorized Agent; and (2) any harm caused by the recognition by the Advance Maker of the Authorized Agent.

Provider acknowledges that it has been instructed to consult an attorney not affiliated with Advance Maker regarding all issues set forth in this document and that it has wither done-so, or waived its right to do so.

Dated: 7/18/21

Elena Stylel

Elena Stybel MD. ("Provider")

STATE OF NEW YORK

COUNTY OF KINGS ) 55.

On this day of the personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her/ signature on the instrument, the individual, or the person

upon behalf of which the individual acted, executed the instrument.

Notary Public

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## Payment Directive & Agency Appointment

Elena Stybel c/o Elena Stybel MD. ("Provider"), hereby appoints the following individual or entity as my authorized agent and direct that such individual or entity, Financial Vision Capital Group 2 LLC with an address of 3 Dakota Drive, Suite 300 Lake Success, New York 11042 ("Advance Maker") pay over all or a portion of the approved advance directly to Sunstone Services, Inc. as "Authorized Agent."

Provider further understands its responsibility to request copies of any invoices; checks and/or payment information that it wishes to obtain from the Advance Maker. Provider hereby permits the Advance Maker to release copies of any invoices, checks or payments to Authorized Agent on the Provider's behalf.

Provider hereby affirms that it is making this Payment Directive and Agency Appointment for a lawful purpose and represents that it is and shall remain in compliance with the laws and regulations governing the practice and the operation of his medical entity.

Provider agrees to hold the Advance Maker harmless from and waive any claims related to (1) the payment of funds to it Authorized Agent; and (2) any harm caused by the recognition by the Advance Maker of the Authorized Agent.

Provider acknowledges that it has been instructed to consult an attorney not affiliated with Advance Maker regarding all issues set forth in this document and that it has wither done so, or waived its right to do so.

Elena Stybel MD. ("Provider")

STATE OF NEW YORK

COUNTY OF KINGS SS.:

, 2021, before me personally appeared personally known to me or proved to me on

the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her/ signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public